SECRETARY OF STATE STATE CAPITOL 500 E. CAPITOL AVE. PIERRE, S.D. 57501 (605)773-4845 Fax (605)773-4550

1. Corporate Name, Registered Agent and Registered Address:

ANNUAL REPORT

DOMESTIC PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE _____RECEIPT NO. _____

				Telephone #FAX #Federal Taxpayer ID #			
				FILING DATE: Due of Certificate of Incorpor			
				delinquent after the las			
				month.	st day of the follo	owing	
**** A'	TTENTION	- FILING IN	NSTRUC	TIONS * * * *			
If ALL of the information, <u>including</u> the register box below and sign the report in the presence of must be filed. Any change requires full compl	ed agent and addre a notary public. T	ess listed in numb o report a change	oer one is ide	entical as set forth in the pr			
ALL OF THE INFORMATION REQ	UIRED ON THE	ANNUAL REP	ORT IS IDE	ENTICAL AS SET FORT	'H IN THE PRIO	R REPOR	
2. The character of the business in which it is act	ually engaged in S	South Dakota					
3. The names and addresses of its directors and o	officers:						
NAME	OFFICE	STREET	ADDRESS	CITY	STATE	ZIP	
	President						
	Vice Preside	ent					
	Secretary						
	•						
SD law requires at least one director.	Heasurer						
Do the above listed officers serve also as direct	tors? YES	_ NO II	f no, list dire	ectors below.			
	Director						
4. The aggregate number of shares which it has a	Director		ac nar value	of charge shares without n	ar value and		
series, if any, within a class:	dunority to issue, i	ternized by classe	es, par varue	of shares, shares without p	ai vaiue, and		
NUMBER OF SHARES <u>CAN</u> ISSUE (authorized)	CLASS	SERIES	PAR V	ALUE OR STATE THAT SH	ARES ARE NO PA	R VALUE	
5. NUMBER OF SHARES <u>ACTUALLY ISSUED</u>	CLASS	SERIES					
6. The amount of its stated capital is \$		(Mone	ey received f	or issued shares)			
The report must be signed by the chairman of	the board of dire	ctors, its preside	ent, or any o	ther officer in the presenc	ce of a notary pub	olic.	
		· · · · · · · · · · · · · · · · · · ·			J F		
Dated							
STATE OF			(Signature)				
COUNTY OF			(Title)			,	
On this theday of		, before me),				
personally appeared				, kn	own to me, or pro	ved to me,	
to be the		. 1.7	of the	corporation that is describ	ed in and that exe	cuted the	
within instrument and acknowledged to me that s	such corporation e	xecuted the same	·				
My Commission Expires			(Notary Po	ublic)			
(Notarial Seal)					ď	bar.pdf	